

## (SCHOOL LETTERHEAD)

Dear Parent/Guardian:

State health regulations dictate that students cannot attend school unless they are properly immunized and can provide satisfactory evidence of the immunization or unless they are exempted. For school attendance, children should be immunized against diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, hepatitis B, and varicella for kindergardeners. All children are required to provide documentation of the month, day, and year of vaccine administration.

Our records for your child, \_\_\_\_\_, immunization history are incomplete and indicate the following:

### **VACCINATION FOR DIPHTHERIA, TETANUS, PERTUSSIS (DTaP, DTP, DT, Td)**

- \_\_\_\_\_ Series incomplete (Dose[s] needed \_\_\_\_\_).
- \_\_\_\_\_ Last dose of (DTaP, DTP, or DT) was received before fourth birthday (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).
- \_\_\_\_\_ Td - 10 year booster for diphtheria/tetanus (last dose was \_\_\_\_/\_\_\_\_/\_\_\_\_).

### **VACCINATION FOR POLIO (IPV, OPV)**

- \_\_\_\_\_ Series incomplete (Dose[s] needed \_\_\_\_\_).

### **VACCINATION FOR MEASLES, MUMPS, AND RUBELLA**

- \_\_\_\_\_ Series incomplete (Dose[s] needed \_\_\_\_\_ Measles immunization \_\_\_\_\_ Mumps immunization \_\_\_\_\_ Rubella immunization).
- \_\_\_\_\_ Vaccination for \_\_\_\_ Measles \_\_\_\_ Mumps \_\_\_\_ Rubella is required since initial vaccines were received before first birthday.

### **VACCINATION FOR HEPATITIS B**

- \_\_\_\_\_ Series incomplete (Dose[s] needed \_\_\_\_\_).  
(NOTE: Students who are 11-15 years of age may use the following as a guide for the 2-dose Merck Recombivax Hepatitis B vaccine schedule - Dose 1, initial visit  
Dose 2, 4-6 months after Dose 1).

### **VACCINATION FOR VARICELLA (Kindergarten only)**

- \_\_\_\_\_ Incomplete (1 Dose needed, or written statement from parent, guardian, or doctor of medicine or osteopathy indicating approximate date of disease.)

If your child has had the immunizations checked above, please send or bring a statement, certificate, or record from a physician or other recognized health facility or personnel no later than \_\_\_\_/\_\_\_\_/\_\_\_\_.

Please call me if you have any questions.

Sincerely,